

Assessing the Underlying Reasons for the Lack of Male Involvement in Promoting Family Planning in Kabuyanda Town Council, Isingiro District**Kyampaire Enid¹, Kamugisha Nelson²****1,2 Metropolitan International University****Abstract**

The purpose of this study was to establish the factors influencing leading to male involvement in enhancing Family Planning in Kabuyanda Town Council in Isingiro District; the specific objectives of this study were: to establish the level of Male participation in Family planning, to identify factors that prohibit men from participating in family planning and to establish ways of promoting male participation in enhancing family planning. The study used a descriptive survey design to yield quantitative and qualitative data decision which helped to gather information about these factors. The target population was sexually active men and women above 20 years of age of Kabuyanda Town Council in Isingiro District. A simple size of 60 respondents which composed men, women and health workers was selected using stratified random sampling technique. Questionnaire and interview guide were used to collect the required data. This main aim of the study was to explore involvement of men in family planning programmes. the study found that: The physical involvement of the male partners is not felt although they provide their support both financially and serves as reminders of their wives. Also the insistence on the presence and consent of the male partners at least for the first visit to the health center by service providers sometimes restricts the use of the service since most of the male partners seem to show no interest in the use of contraceptives. There was adequate awareness of FP and its importance both among men and women. Range of family planning methods available to men is limited, and this as a result inhibits men's capacity to participate in fertility regulation. All men who stated that they use FP methods were using the male condom as opposed to women who were using varied methods such as the pill, injectable and implants. It can be concluded that the key barrier to uptake of FP by men was mere attitude or negative perceptions towards FP by men and the belief that FP a woman's affair because they are the ones who get pregnant. To this effect, it was noted that most male respondents said their spouses are on FP while most women respondents stated that their spouses were not using any FP methods. Some of the perceptions that lead to low uptake of FP among men are the perception that male FP methods are rare and not convenient/effective. Male involvement in FP has a positive impact in the general wellbeing of the family and hence the following measures should be taken in order to increase participation: Uganda government and the WHO should strive to introduce new male FP methods in order to increase diversity. Enhancement of knowledge and awareness on the need of male participation.

Key Words: Male Involvement and Family Planning**Background of the Study**

Men in the developing world, including Uganda, are often the main determinants of family size and FP use Nzioki, (2011). Considerable disagreements were also found between spouses regarding RP and desired family size; in some developing countries, the level of communication on these topics is low (Zegeye et al., 2022). Intermarital communication has been related to contraceptive decision-making and positively influences its uptake and continuation, while the inability to communicate reproductive intentions to couples limits effective and sustained contraceptive use (Khamalwa, 2022). At the global level, the framework developed by the WHO Regional Office for Africa, in collaboration with its partners, calls for increased efforts to promote recognition of the pivotal role of family

planning in achieving health and development goals at all levels as they focus on the Millennium Development Goals (Lipson & Eisenberg, 2018). 4, 5 and 6. Although unsafe abortion has been preventable, it continues to pose a disproportionate risk to the lives of African women. Unsafe abortions account for about 14% of maternal deaths on the continent (Jacinta & Kazaara, 2023). An estimated 31 out of 1,000 African women aged 15-45 have an unsafe abortion each year. East and Central African countries are reported to have the highest rate of unsafe abortion (Julius & Peter, n.d.), 36 per 1,000, while the lowest rate is in Southern Africa (9 per 1,000). roughly 51% of all maternal deaths involve African women between the ages of 15 and 29 (Wilber et al., 2023).

Family planning refers to “procedures that help individuals or couples achieve certain goals; avoid unwanted pregnancies, regulate intervals between pregnancies; to control the time at which childbirth occurs in relation to the age of the parents and to determine the number of children in the family’ (Rebecca & Kirisa, 2023), that is, it enables men and women to have control over their fertility. The Family Planning Association of Uganda (which is an affiliate of the International Planned Parenthood Federation) was founded in 1957 to promote family planning, especially modern methods of contraception (Ivan et al., 2023). With the introduction of primary health activities, the Family Planning Association expanded its activities to rural areas where the majority of the population is located.

Men's involvement in decisions about sex, contraception and child-rearing strongly influences sexual and contraceptive behaviour, significantly strengthens and reduces disagreements in relationships and strengthens men's responsibility for the children they father (Khalil et al., 2018). However, few studies have examined how men perceive their roles and responsibilities when it comes to decisions about sex, contraception and child-rearing (Ariho & Kabagenyi, 2020). Moreover, only recently has such research been identified as important. High rates of out-of-wedlock childbearing, growing concerns about the spread of AIDS and other sexually transmitted diseases (STDs), and a concomitant increase in the prophylactic use of condoms have led social policy makers to include men in efforts to prevent pregnancy and sexually transmitted diseases (Ketende et al., 2003). However, most research on men's perceptions of their roles and responsibilities has focused on adolescents and other groups of young, single men. Therefore, we have little understanding of how married or older men perceive their roles in these decisions Nzioki.

Statement of study

FP programs are an essential part of services to reduce maternal and child mortality by enabling women to postpone, delay or limit pregnancy. Uganda's population has grown rapidly over the past four years, Uganda's population growth rate was now estimated at 2.7% (as of 2010) (Namasivayam et al., 2020), resulting in a total population estimate of 4.5 million in 2011 Uganda National Bureau of Statistics (2011). The involvement of men in discussions about RP was essential for a number of socio-cultural and economic reasons. Men as partners need to be involved in FP practice – as users of male contraceptive methods and as facilitators of partner access to services (United Nations Population Fund, 2022). An encouraging finding from the 2010/12 UDHS was that 77 per cent of men felt strongly that the decision about how many children to have should be shared with their wives. Every day, 1,600 women and more than 10,000 newborns die from preventable complications during pregnancy and childbirth. Almost 99% of these maternal deaths and 90% of newborn deaths occur in developing countries (Madinah PhD, 2020). As the first pillar of safe motherhood and an essential part of primary health care, FP plays a major role in reducing maternal and newborn morbidity and mortality. FP increases efforts to improve family health. The Uganda Demographic and Health Survey (2011) reports that 97% of all men and 95% of all women know at least one method of contraception, implying that men are more

knowledgeable about FP than women (Ronald et al., 2023). It was clear from this study that high contraceptive knowledge did not correspond to high contraceptive use. This study investigated the factors influencing the low involvement of men in practicing FP in Kabuyanda Municipal Council - Isingiro District.

Purposes of the Study

The main purpose of the study was to establish the factors influencing low male involvement in enhancing Family Planning using a case study of Kabuyanda Town Council in Isingiro District.

Objectives of the study

The research objectives of this study were:

- i. To establish the level of Male involvement in Family planning
- ii. To identify factors that prohibit men from participating in family planning.
- iii. To establish ways of promoting male involvement in enhancing family planning.

Research questions

The research questions for this study research are;

- i. What are the levels of male involvement in enhancing family planning?
- ii. What are the factors that prohibit men from involvement in family planning?
- iii. What are ways of promoting male involvement in enhancing family planning?

Methodology

The study used descriptive survey design to yield quantitative and qualitative data on factors influencing low male participation in family planning a case of Kabuyanda Town Council. Descriptive survey design involved collection of data from a sample of a population in order to determine the current status of that population with respect to one or more variables (Mugenda and Mugenda 2003). The research employed the self-administered questionnaire as a tool of data collection and to counter the shortcomings that were accrue from use of that tool, interviews were also conducted with some of the respondents. Correlation designs of the quantitative approach were utilized to establish the relationship between the independent and dependent variables. This study targeted the population of all men and women and health workers in Kabuyanda Town of people of 20 years and above. This age group were targeted because it is the age where according to WHO people are defined as adult hence have the right to engage in sexual activity and are also in the child bearing age.

Table 1: Sample procedure Matrix

N/S	Category	Total
1	Health workers (direct health workers)	10
2	Men	30
3	Women	10
	Total	60

Source: Primary Data, 2023

Both probability and non-probability sampling technique were used to ensure good representation in all categories. The researchers used convenient sampling technique the male and female.

To ensure validity, pre-test study was done to ten randomly selected respondents. Research experts including the supervisor were consulted to ensure that the instrument measures what it was intended to measure and a peer review will be done. Reliability ensured using triangulation by featuring similar questions in the questioner using different language. Completed questionnaires were edited for completeness and consistency. The data was then coded and checked for any errors and omissions. Data were analysed using descriptive statistics such as percentages and arithmetic mean scores. Furthermore, correlation and regression analysis were used to figure out the relationships between the variables of interest (Nelson et al., 2022). Frequency tables were drawn using Statistical Package for Social Sciences (SPSS) software (Nelson et al., 2023). The data from the interview were analysed in themes.

Results.**Influence of availability of male FP methods and men's involvement in FP**

Although the objectives of this survey were very specific given that the main objectives were to establish factors influencing male participation in FP, the researcher believed it was important to start by understanding the respondent's awareness of FP in general. Respondents were asked to rate their level of knowledge about FP. that majority of the married respondents had fair information on the FP at 66% and 24% of the female had a lot of information.

Idea about Family Planning**Table 2: Shows Respondents that have an idea about Family Planning**

Idea about Family Planning	Frequency	Percentages
Yes	48	80
No	12	20
Total	60	100

Source: Fieldwork, 2023

During the interview, the respondents were asked whether they have any idea about family planning, this was to find out how, family planning is perceived, among males.

With reference to Table as high as 48 people representing (80%) answered yes to whether they have any idea about what family planning is and 12 respondents, constituting 20%, answered in the negative.

Table 3: Shows the different family planning practises

Family Planning practise	Frequency	Percentages
Child Spacing	22	37
Few Children	12	20

Prevention of Pregnancy	17	28
Use of Contraceptive	7	11.7
Nothing	2	3.3
Total	60	100

Source: Fieldwork, March 2023

The respondents apart from having an idea about family planning were further probed, to find out what they actually know about family planning, and as to whether knowledge about family planning, among men has influence on utilization. With reference to Table 4.9, 58 (96.6%) of the respondents, had different views about what family planning is, while a few of them claimed to know nothing about family planning. Here, majority of the people appeared to have some level of knowledge about what family planning is, and vice versa.

Awareness of available FP methods

Having established that most respondents have some knowledge of FP, the researcher sought to determine whether respondents are aware of the various available FP methods. Respondents were therefore asked to state the common methods available for FP and Table 10 present the result.

Table 3: Awareness of FP methods

			Male		Females	
	Freq.	%	Freq.	%	Freq.	%
Condoms- male	51	98	31	100	21	100
Oral pills	41	81	31	100	20	95
Injectable	40	77	22	71	20	95
Condoms- female	34	65	22	71	18	86
Implants	26	50	16	52	18	86
Natural methods	25	48	10	32	16	76
IUCD	20	38	15	48	10	48
Vasectomy	14	27	10	32	10	48
Diaphragm	9	17	6	19	8	38
Tubal ligation (BTL)	9	17	4	13	5	24
Spermicides	1	2	2	6	7	33

Source: Fieldwork, March 2023

Table indicates that, male condoms have the highest awareness levels of 98% followed by oral pills, injectable and female condoms at 81%, 77% and 65% respectively. However, majority of the respondents were not aware of the

spermicidal only 2% were aware. Female respondents were more aware on fairly all the methods compared to their male counterpart. In respect of contraceptives currently in use, the majority of the respondents (95%) are using injection and this can be affiliated to the fact that an injection provide highly effective protection against pregnancy and does not require daily or post-coital vigilance on the part of the user or her partner. This method allows women to avoid the potential health risks and adverse events associated with estrogen containing contraceptives and, unlike sterilization, allow a return to fertility after discontinuation (Blumenthal et al., 2011)

The second highest contraceptive used among respondents (18.9%) is IUD. This is because research has shown that IUDs is 99% effective and can aid in the prevention of pregnancy especially in the case of unprotected intercourse or after a contraceptive accident such as a torn condom. (Wellbery, 2000). However, studies have shown that the use of the IUD is avoided because of perceived risk of pelvic inflammatory disease associated with sexually transmitted infections (Shelton, 2001). In an era of HIV infection, use of the condom as protection against STIs in addition to its use as a family planning method has become important (Awusabo-Asare et al., 2004). Condom use is the third method that the respondents (16.7%) reported that they preferred and are currently using. This could be due to the fact that condoms have no side effects, can easily be obtained when needed (in terms of time for replacement), it helps to increase sexual satisfaction and it does not have any use related problems (Population Council, 1998).

Importance of Family Planning

Table 4: Importance of family planning

Importance of Family Planning	Frequency	Percentages
YES	54	90
NO	06	10
TOTAL	60	100

Source: Fieldwork, March 2023

By finding out how the people perceive family planning, they were interviewed to solicit information, as to whether family planning is important or not, and also whether its importance affects practice among men. From 54 people representing (90%), responded in the affirmative, that it is very important while, (10%) said they do not think family planning is important. The responses given here is consistent with the response in the question that sought to find out their ideas of what family planning is.

Health Facilities Providing Family Planning Service

Table 5: Where can you receive family planning service in this community?

	Frequency	Percentages
Hospital	35	58.4
Health centre	20	33.3
Private clinic	1	1.7
Maternity homes	2	3.3

Pharmacy/Drug store	2	3.3
TOTAL	60	100

Source: Fieldwork, March, 2023

Respondents were asked to produce information on facilities, from which family planning service can be accessed. This also gives an idea as to whether the respondents have knowledge, and interest about family planning issues. As shown on Table above, almost all the 60 respondents knew where to get family planning service in their communities.

Providers of Family Planning Service

Table 7: Shows the Family Planning Service providers

Provider	Frequency	Percentages
Nurses	26	43.3
Midwives	9	15
Medical Assistant	3	5
Chemist	18	30
Community Health Worker	3	5
Don't know	1	1.7
Total	60	100

Source: Fieldwork, 2023

Concerning people who provide family planning service in the various communities, the investigator was interested in whether service providers have influence on patronage of family planning service by men. Table presents the list of family planning service providers as given by the respondents. 26 (43.3%) of the people, recognized nurses and midwives mainly as service providers, followed by the Chemist, 18 (30%).

Discussion of the study

Family planning programme planners have not actively developed programmes that would require the involvement of men in family planning. One main family planning method for men that is widely accepted is the use of the condom. However, males can prevent unwanted and unplanned for pregnancies if they employ Vasectomy. The study found that: . Male Involvement The physical involvement of the male partners is not felt although they provide their support both financially and serves as reminders of their wives. Spousal communication is a key factor that helps to increase the possibility of family planning and can have a bearing on the type of contraceptive that a person uses. When spouses communicate about the use of family planning methods it helps to draw the attention and participation of the male partners. The educational level of spouses also affects the decision to engage in family planning.

Men are aware of family planning and its benefit however their information about family planning is inadequate. They do not know the different family planning methods including their use, how and where they are inserted. In addition they do not the side effects of the different family planning methods. There is misconception of information especially of the risks of modern family methods for women. They do not believe the use of IUCDs, nor do plants

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and depovera injections have an equal and high risk of uterine bleeding as well as post method infertility. There is a general reluctance among men to seek for more information about family planning yet they know little about the different modern family planning methods. Culture and religion play a role in acceptance of modern family planning methods such as actual ligation and vasectomies. Where faith believers do not want to interfere with their bodies since it is against their faith. Well as culture and tradition simply brand those methods as unnatural and harmful to the body hence rejecting their use in community. The cultural and tradition norms towards these methods is however weak but religion especially among the Muslims and Catholics is strong.

Conclusion

There was adequate awareness of FP and its importance both among men and women. Range of family planning methods available to men is limited, and this as a result inhibits men's capacity to participate in fertility regulation. Greene (2005). There however seem to be higher awareness of female FP methods compared to the male FP methods. This raises the issue of diversity for FP methods for men in influencing uptake of the same. All of the men who stated that they use FP methods were using the male condom as opposed to women who were using varied methods such as the pill, injectable and implants. It can be concluded that the key barrier to uptake of FP by men was mere attitude or negative perceptions towards FP by men and the belief that FP as a woman's affair because they are the ones who get pregnant. To this effect, it was noted that most male respondents said their spouses are on FP while most women respondents stated that their spouses were not using any FP methods. Both men and women respondents also agreed that women participate more in FP than men. Some of the perceptions that lead to low uptake of FP among men are the perception that male FP methods are rare and not convenient/effective.

Recommendations of the study

Low Male involvement in FP has a positive impact in the general wellbeing of the family and hence the following measures should be taken in order to increase participation: In view of the study, it appears generally, across the target group, more people have an idea about family planning, but utilization is very low.

The following suggestions are recommended:

Policy makers: Consequently, there is the need to achieve a goal by improving the standard of living, and quality of life of families, through fertility control policies, to reduce large family size and in effect decrease population growth in general. The government should extend free family planning service to men.

The government to ensure that the FP supplies especially the male condoms is consistent and sustainable since men prefer condoms to other male FP methods. The formal education curriculum should include FP lessons in order to shape the mind of the people towards the right perception.

The health directorate at various levels should make resources both human, financial and material, available for reproductive health programmes, including family planning. Also resources for training of counselors, to interact with men about the importance of men's involvement in reproductive health, should be included in the health agenda.

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